

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0686.M2

August 20, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0844-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is a doctor of Chiropractic Medicine.

THE PHYSICIAN REVIEWER OF YOUR CASE DISAGREES WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. A daily work hardening program for six weeks is medically necessary in this case.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO August 20, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0844-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution Request/Response, ____, April 22, 2002.
2. Pre-authorization denial, ____, 4/10/02.
3. Request for reconsideration for denial of work hardening, ____, April 8, 2002.
4. Request for pre-authorization for six weeks of work hardening, ____, March 21, 2002.
5. Disagreement with RME Certification of MMI and Impairment Rating, ____, December 19, 2001.
6. RME, ____, November 29, 2001.
7. Medical treatment, ____, including injections, 3/25/01 to 7/14/01 treatment notes.

8. Psychotherapy session report, ___, February 1, 2002.
9. Physiatric consultation, ___, ___, October 2, 2001.
10. Initial examination, ___, August 29, 2001.
11. Work Comp Interim Report, ___, 5/16/01.
12. Worker's Compensation Initial Evaluation Report, ___, 5/02/01.
13. Treatment notes, 8/01/01 to 1/28/02, approximately 43 sessions.
14. FCE, ___, 3/12/02.
15. Upper and lower EMG neurodiagnostic study, ___, 10/02/01.
16. MRI of the cervical spine, ___, 8/06/01.
17. MRI of the lumbar spine, ___, 6/20/01.
18. MRI of the left shoulder, ___, 6/20/01.

B. BRIEF CLINICAL HISTORY:

The patient was working as a bus driver, and on ___, while leaning and reaching over three students, attempting to close a difficult window, she injured her neck and low back. She went through a consistent course of passive and active therapy with second opinions by medical doctors and diagnostic testing. An FCE was performed on 3/12/02, and work hardening was recommended.

C. DISPUTED SERVICES:

Daily work hardening program for six weeks.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

The patient's work capacities as a bus driver are much more detailed than most comprehend. ___ gave an advanced description identifying the multiple tasks of lifting and movement patterns associated with this type work. The DOT, put out by the Department of Labor, is only a general description or guide of occupational tasks and does not include an advanced description of many movement or lifting patterns involved as a bus driver. The patient's bus driving job is not as sedentary as most would think.

Considering the patient's ongoing pain and tendencies of pain magnification as described by ___ (RME), I feel appropriate recommendations would be to involve the patient in coping strategies in her psych-social treatment program within a work-hardening/work-simulated program. This would be an active measure for the patient in dealing with her pain.

The patient is likely to benefit from the work hardening program. Her current levels of function due to her injury, as defined by the FCE on 3/12/02, interfered with her ability to carry out specific tasks required in the workplace.

More specific reasons why this patient warrants and is a candidate for a work hardening program start with her relevant clinical findings and her present physical ability to enter into and endure a work hardening program. ___, the treating doctor, presented a goal-oriented individualized treatment program designed to maximize the ability of the patient to return to work. Functional, physical, behavioral, and vocational needs will be met by ___ program. In my review, simulated work activities, physical conditioning tasks, and psych-social treatment are appropriate.

___ utilized an FCE demonstrating deficits which justify his goals in the work hardening program. The patient has not previously gone through a highly structured, supervised program previous to the recommendation of the work hardening program by ___.

E. RATIONALE OR BASIS FOR DECISION:

Recommendation for work hardening was appropriate with screening criteria met by ___. In review of the medical information provided, this patient's case meets all required criteria for entrance and participation in a work hardening program.

___ had worked with this patient in a consistent and appropriate manner with diverse application of medical treatment and diagnostics to support his recommendations for work hardening.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 19 August 2002